

# Accident Information Card

Broadband Telecom Services, Inc

Please follow these steps if you are involved in an accident regardless of how minor it may be:

1. Contact the police
2. Call 911 if medical attention is needed.
3. Contact your Supervisor with you location.
4. Fill in the information below.
5. Take 12 pictures or more of vehicles involved.

## The Other Driver's:

NAME: \_\_\_\_\_

If different, the owner of the auto: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

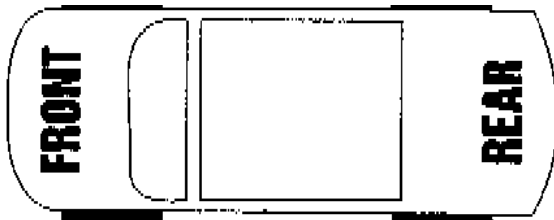
License plate of the car involved \_\_\_\_\_

Year/ Make/ Model and Color of other car \_\_\_\_\_

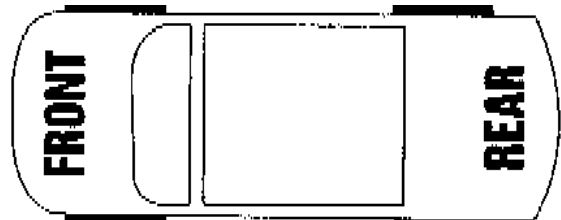
Name and phone number of witnesses \_\_\_\_\_

GSM Insurors: Mellinee Harwick (361) 729-5414 Email: mharwick@gsminsurors.com

Circle area to indicate damage to vehicles involved:



**Your car**



**Other car**